

## FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 3 1948

Registration District No. 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 33863

Registrar's No. 336

## 1. PLACE OF DEATH:

- (a) County St. Francois  
 (b) City or town Farmington RURAL St. Francois  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Missouri State Hospital No. 42  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 MOS. 7 das.  
 (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME FRANK AUGUST ZIMMERMANN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Magdelene Kempf 6. (c) Age of husband or wife if alive Age Unknown  
 7. Birth date of deceased February 18, 1879  
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 69    | 7      | 29   | hr. min.             |

9. Birthplace Lemay Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

## 11. Industry or business

12. Name Nicholas Zimmermann  
 13. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Watle  
 15. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
 (b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 10/21/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MATIESE, MO.

18. (a) Signature of funeral director FENDLER UND Co  
 (b) Address 7420 MICHIGAN AVE

19. (a) 10-23-48 (b) Ether Rudloff  
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis  
 (c) City or town Kirkwood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 139a Saratoga  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17  
 year 1948 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 10, 1948, 19 to October 17, 1948, 19  
 that I last saw him alive on October 17, 1948, 19  
 and that death occurred on the date and hour stated above.

- Immediate cause of death Uremia Duration 48 hrs.

- Due to Hypertensive cardiovascular renal Disease Aht. 1 yr.

- Due to

- Other conditions: Psychosis with cerebral arteriosclerosis  
 (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy No autopsy

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur?  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 (Specify type of place)

- While at work? Means of injury

23. Signature John A. Breen D. or other  
 Address St. Louis #4 Date signed 10/18/48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 1148-1351  
Date Filed 11-1-48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3360

P. O. Address Genney Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.